

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

11/579173

05/11/2006.

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 2 | | | | |
| 4 | | 0 | | | | |
| 5 | 1 | | | | | |
| 6 | | 0 | | | | |
| 7 | | 0 | | | | |
| 8 | 1 | | | | | |
| 9 | | 1 | | | | |
| 10 | 1 | | | | | |
| 11 | | 1 | | | | |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 8 | | | | | |
| TOTAL CLAIMS | 12 | | | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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